

BECKER COLLEGE

Student Health Record

Name (Printed): _____ Student ID # _____

IMMUNIZATION RECORD

Mandated by the Massachusetts Department of Public Health Regulations

HEPATITIS B – 3 doses

month/day/year month/day/year month/day/year
Hep B #1: ____/____/____ Hep B #2: ____/____/____ Hep B #3: ____/____/____

*Nursing majors require Hepatitis B Surface Antibody blood test: Upload lab report to Health Portal.

**If lab result is *negative*, in addition to uploading lab report, indicate date of Hep B #4: ____/____/____

MEASLES/MUMPS/RUBELLA – 2 doses

month/day/year
MMR #1 ____/____/____ Positive (+) MMR Blood Tests accepted in place of vaccines
MMR #2 ____/____/____ *Upload lab reports for all 3 diseases to the Health Portal
Booster (if needed): ____/____/____

MENINGITIS – MenACWY OR MCV4

(Menactra/Menveo/Menomune)

Required: 1 dose after age 16

month/day/year
____/____/____

However, if you wish to decline,
please download Meningitis Waiver Form
from the Student Health Portal and upload signed waiver.

TETANUS, DIPHTHERIA & PERTUSSIS (Tdap)

Required for all students

month/day/year
Tdap ____/____/____

VARICELLA – 2 doses

Required for all students. We **CANNOT** accept history of the disease.

month/day/year month/day/year
#1 ____/____/____ #2 ____/____/____

Positive (+) Varicella titer accepted in place of vaccines

*Upload lab report to the Health Portal

SEASONAL FLU VACCINE month/day/year

____/____/____

Nursing Students: Required yearly; recommended for all students with underlying chronic conditions.

Healthcare Provider Signature: _____ Date: _____

****Official lab reports for all (+) titers is REQUIRED.
Please upload them to the Health Portal.****